

CERTIFICATE OF DEATH

REGISTRAR'S NO.

3010

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Cochise C. CITY OR TOWN Douglas D. FULL NAME OF HOSPITAL OR INSTITUTION Douglas Hospital	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona C. CITY OR TOWN Douglas				
	3. NAME OF DECEASED A. (FIRST) Susie B. (MIDDLE) L. C. (LAST) Taylor				
	4. SEX Female 5. COLOR OR RACE White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married				
	6B. NAME OF SPOUSE Amos Taylor 7. DATE OF BIRTH MONTH Octob DAY 20 YEAR 1889 8. AGE (IN YEARS LAST BIRTHDAY) 65 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife				
9B. KIND OF BUSINESS OR INDUSTRY New Mexico	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U. S.	11. CITIZEN OF WHAT COUNTRY? No	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) None	13. SOCIAL SECURITY NO. None	
14A. FATHER'S NAME Jerry Hazelwood		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Lou Fairchild	
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		16. INFORMANT'S SIGNATURE Mina L. Davis ADDRESS Douglas, Arizona			
17. DATE OF DEATH (MONTH) January (DAY) 19, (YEAR) 1955					
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 446 X ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Nephrosclerosis DUE TO (B) _____ DUE TO (C) _____ 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
MEDICAL CORONER'S IFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON Jan-19 , 19 55 , AND THAT DEATH OCCURRED AT 9:05 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE Geo. H. Watson, M.D. (DEGREE OR TITLE)		23B. ADDRESS Douglas, Arizona		23C. DATE SIGNED 21 Jan-55
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 1-22-55		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Calvary
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Arizona				
FUNERAL DIRECTOR AND SISTRAR	25A. DATE REC'D BY LOCAL REG. Jan. 24/55		25B. REGISTRAR'S SIGNATURE C. Edman		26. FUNERAL DIRECTOR'S SIGNATURE Curtis Page; Douglas, Arizona ADDRESS 321 CERT. NO.